

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Name of Horse _____ Breed _____ Date of Birth _____
 Sex _____ Color _____ Current and/or Intended Use _____ Registration # _____
 Sire _____ Dam _____
 Owner _____ Date of Exam _____

Pulse and Respiration normal at rest and after work? Yes <input type="checkbox"/> No <input type="checkbox"/> Heart auscultation normal at rest and after work? Yes <input type="checkbox"/> No <input type="checkbox"/> Respiration auscultation normal at rest and after work? Yes <input type="checkbox"/> No <input type="checkbox"/> Temperature normal? Yes <input type="checkbox"/> No <input type="checkbox"/> Eyes clinically normal? Yes <input type="checkbox"/> No <input type="checkbox"/> Palpations normal? Back Yes <input type="checkbox"/> No <input type="checkbox"/> Stifles Yes <input type="checkbox"/> No <input type="checkbox"/> Knees Yes <input type="checkbox"/> No <input type="checkbox"/> Hocks Yes <input type="checkbox"/> No <input type="checkbox"/> Fetlocks Yes <input type="checkbox"/> No <input type="checkbox"/> Tendons and Ligaments Yes <input type="checkbox"/> No <input type="checkbox"/> (Please note any swelling, heat, stiffness and/or pain for any answer "No".) Hoof tester results negative? Yes <input type="checkbox"/> No <input type="checkbox"/> Properly shod? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the stabling and turn out safe and adequate? Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="text-align: center;">If any are answered no, please explain on a separate page.</p>	Has the horse ever had colic surgery? Yes <input type="checkbox"/> No <input type="checkbox"/> Subject to or any previous history of colic? Yes <input type="checkbox"/> No <input type="checkbox"/> History or evidence of a bleeder? Yes <input type="checkbox"/> No <input type="checkbox"/> History or evidence of nerving? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence or history of laminitis, club foot, or P3 rotation? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence of infection or disease? Yes <input type="checkbox"/> No <input type="checkbox"/> Contagious diseases on premises or locally? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there evidence of objectionable habits? Vices? Yes <input type="checkbox"/> No <input type="checkbox"/> Any history of uncharacteristic behavior in the last 24 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Any major conformation faults, which may affect the horse for its intended use, short or long term? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence of lameness jogging straight or on circles in both directions? Yes <input type="checkbox"/> No <input type="checkbox"/> Any evidence of bone or joint disease? Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="text-align: center;">If any are answered yes, please explain on a separate page.</p>
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Type and schedule of worming program: _____ Drug Screen Results: Required for new purchases valued over \$500,000. Must be taken at the time of the exam. Please attach results.	If the horse is a stallion, are both testicles evident? Yes <input type="checkbox"/> No <input type="checkbox"/> If the horse is a mare, is she in foal? Yes <input type="checkbox"/> No <input type="checkbox"/> If the horse is a mare, any history of dystocia? Yes <input type="checkbox"/> No <input type="checkbox"/> Any symptoms detrimental to satisfactory breeding? Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="text-align: center;">Please explain on a separate page any abnormal answers.</p>
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Are you the usual veterinarian for the applicant? Yes No
 If no, have you treated/examined this horse previously. Explain: _____

Are you aware if the horse has received any joint injections, any type of medication long or short term, or any preventative treatments in the last 12 months? Yes No
 Have you or any other veterinarians attended the horse for any ailment, injury, lameness, or medical problem in the last 12 months? Yes No
 Are you aware of any pre-existing conditions? Yes No
 Are you aware of any condition, past or present, that could require surgical or medical attention in the next 12 months? Yes No

If any are answered yes, please explain on a separate page.

Has an X-ray or ultrasound examination been performed on the horse in the last 12 months? If so, why, and what were the results?
 Has horse ever undergone surgery? If so, describe type of surgery, date, and recovery.

Active and Passive Flexion Test Results: Active test with the horse jogging immediately on a hard surface. Please provide a written evaluation for all.

Front Fetlocks:
 Knees/Carpus:
 Hind Fetlocks:
 Hocks:
 Stifles:

Note: Ultrasound and/or x-rays may be required if palpation results are found to be significantly abnormal. Current X-rays may be required on any pre-existing conditions or if the horse has positive flexions results on any joint.

Give your general evaluation for the above named horse, and your professional opinion on soundness, both short and long-term, for its intended use.

I (print name) _____, do certify that I am a graduate veterinarian holding a current license as such to practice in the State of _____, and that I have on this day examined the above named horse.
Veterinarian's signature: _____ **Phone:** _____ **Date:** _____

I (print name) _____, as the Owner or representative for the owner as the primary trainer and/or caretaker, have provided to the veterinarian to the best of my ability accurate and complete information on the above named horse.
Owner, trainer, or primary caretaker's signature: _____ **Date:** _____